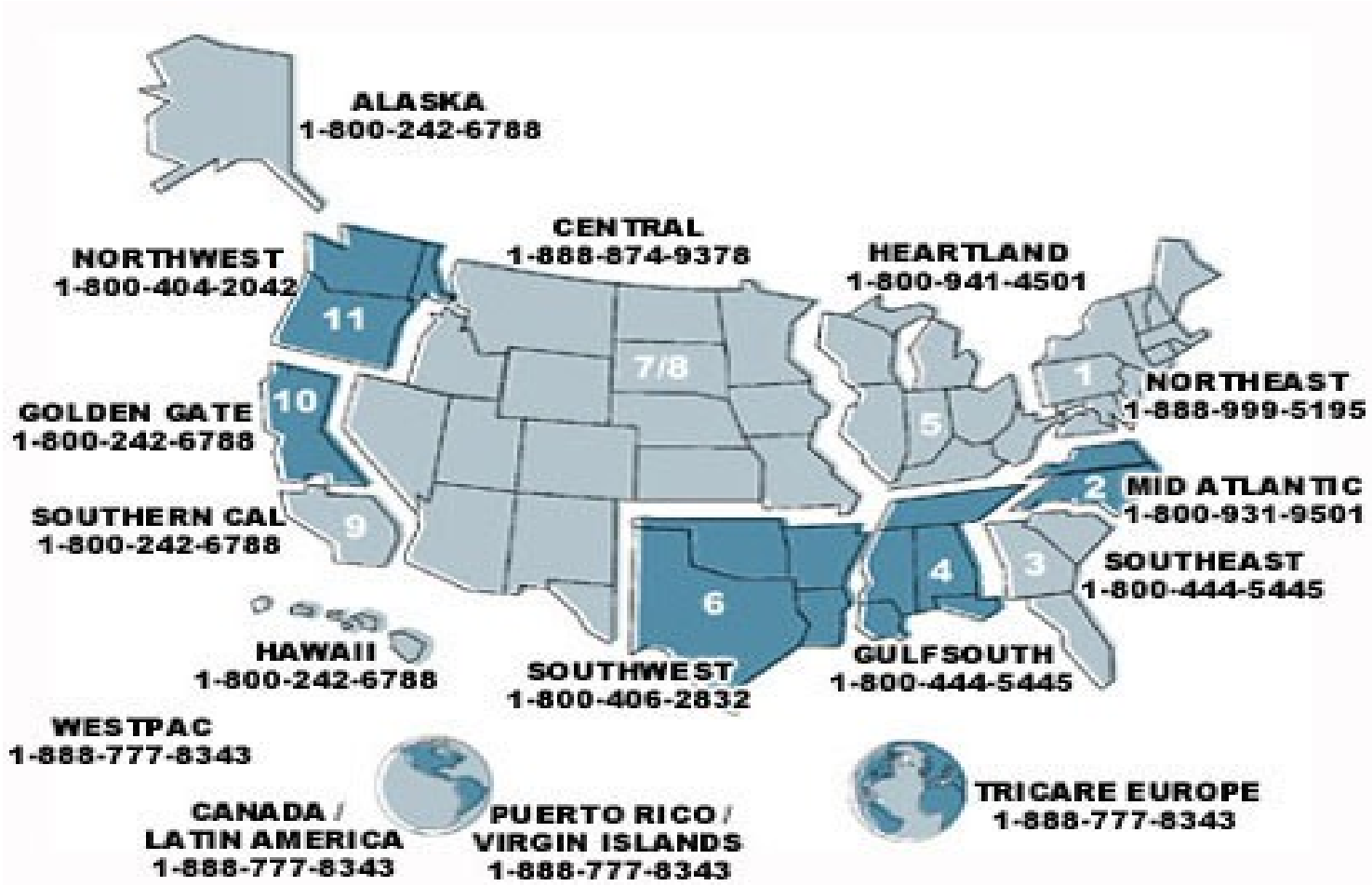
TRICARE

Capt M. M. Hoesing
MR Division (MRH)
04 February 2004

TRICARE Regions



Why New Contracts

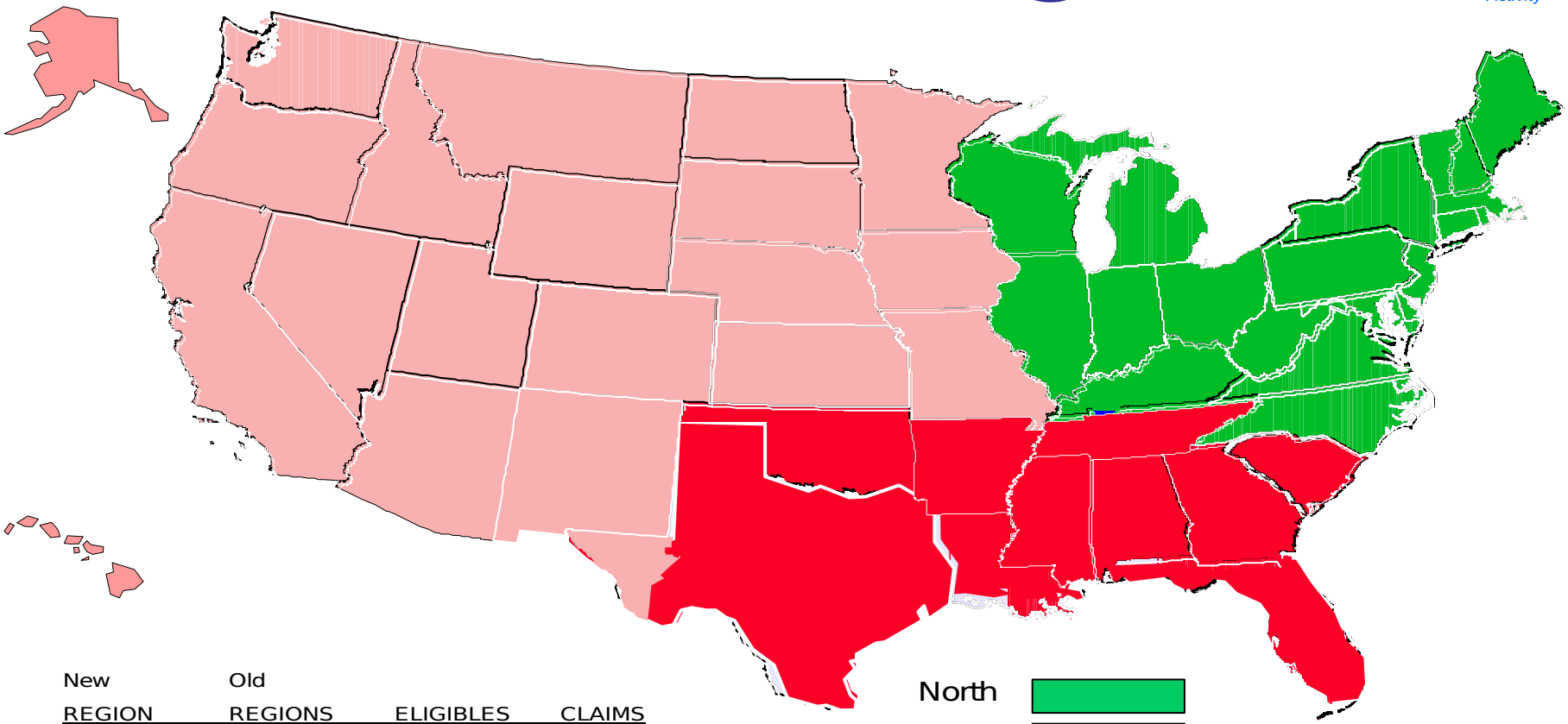
	Regions	Contracts
• **BEFORE**	**11**	**7**
• **AFTER**	**3**	**3**

- **WHY**
  - Simplify/align management oversight and overhead
  - Gain efficiencies, improve portability and customer service
  - Increase local hospital/clinic commander responsibility and accountability
  - Introduce performance-based contracts, incentives for increasing satisfaction and controlling costs

TRICARE Regions

New TRICARE Regions

TRICARE Management Activity



New REGION	Old REGIONS	ELIGIBLES	CLAIMS
North	1, 2 & 5	2,084,300	11,704,670
South	3,4 & 6	2,238,774	16,176,829
West	Central, 9, 10 11, 12, AK	2,070,671	11,106,263

Transitional Healthcare Benefits

- **Eligibility for member and eligible family members**
  - RC member released from active duty served for more than 30 days in support of a contingency operation
  - Member separated from AD and involuntarily retained in support of a contingency operation
  - Member separated from active duty following a voluntary agreement to stay on AD for a period of less than 1 year in support of a contingency operation
  - Member involuntarily separated from active duty

Transitional Healthcare Benefits

- Benefit

  – 60 days – RC members with less than 6 years of active federal service and released from AD on or after Jan 1, 2002

  –120 days – RC members with 6 years or more of total active federal service and released from AD on or after Jan 1, 2002

Temporary Reserve Health Care

- Section 703: Earlier eligibility date for TRICARE benefits for members of Reserve Component

- Section 704: Temporary extension of Transitional Health Care Benefits

Where To Get More Information

- Web: www.tricare.osd.mil
www.manpower.usmc.mil

- TRICARE Service Centers

- BCAC/DCAO